### **Application Data Sheet**

#### **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Title:: SELECTIVE NERVE FIBER STIMULATION

FOR TREATING HEART CONDITIONS

Attorney Docket Number:: 06727/100J782-US4

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: Fig. 1

Total Drawing Sheets:: 6

Small Entity?:: Yes

Petition included?::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: Tamir

Middle Name:: Ben

Family Name:: David

City of Residence:: Tel Aviv

Country of Residence:: Israel

Street of mailing address:: 15 Mordechai Zaira Street

City of mailing address::

Tel Aviv

Country of mailing address:: Israel

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: Shai

Family Name:: Ayal

City of Residence:: Jerusalem

Country of Residence:: Israel

Street of mailing address:: 9 Degania Street

City of mailing address:: Jerusalem

Country of mailing address:: Israel

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: Omry

Middle Name:: Ben

Family Name:: Ezra

City of Residence:: Jerusalem

Country of Residence:: Israel

Street of mailing address:: 23 Tura Street

City of mailing address:: Jerusalem

Country of mailing address:: Israel

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: Ehud

Family Name:: Cohen

City of Residence:: Ganei Tikva

Country of Residence:: Israel

Street of mailing address:: 8 HaCarmel Street



City of mailing address::

Ganei Tikva

Country of mailing address::

Israel

Postal or Zip Code of mailing address::

55900

**Correspondence Information** 

Correspondence Customer Number::

07278

**Representative Information** 

Representative Customer Number::

07278

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	PCT/IL03/00431	05/23/03
PCT/IL03/00431	Continuation of	60/383,157	05/23/02
PCT/IL03/00431	Continuation-in-part of	10/205,475	07/24/02
10/205,475	Continuation-in-part of	PCT/IL02/00068	01/23/02
PCT/IL02/00068	Continuation-in-part of	09/944,913	08/31/01

# **Assignee Information**

Assignee name::

BIOCONTROL MEDICAL LTD.

Street of mailing address::

3A Giron Street

City of mailing address::

Yehud

Country of mailing address::

Israel

Postal or Zip Code of mailing address::

56100